



State of New Jersey
DEPARTMENT OF BANKING AND INSURANCE
CONSUMER PROTECTION SERVICES
PO Box 329
TRENTON, NJ 08625-0329
Tel (609) 292-5316
Fax (609) 984-2792

**ALTERNATIVE CONTINUING EDUCATION CREDIT APPLICATION
APPROVED INSURANCE DESIGNATION FORM**

Purpose: Verification form for Individual licensee requesting continuing education credits for meeting the continuing education requirements of an approved insurance designation.

Please submit this form to the governing body of the appropriate insurance designation for completion. The completed form may be faxed by the licensee to the Office of Consumer Protection Services –Insurance Education at (609) 984-2792 or Mail to: Office of Consumer Protection Services, Department of Banking & Insurance, PO Box 329, Trenton, NJ 08625-0529

Legal Name of Licensee_____

Producer's License Reference Number_____

Approved Insurance Designation: _____

Designation Grantor Statement: To be completed by representative of the organization granting the approved insurance designation. This form should be returned to the Producer requesting consideration for alternative continuing education credit evaluation.

I hereby certify that the above designee has completed the continuing education requirement to maintain the approved insurance designation identified above for the period _____ and remains a member in good standing.

Continuing Education Requirements: Attach document identifying the specific continuing education requirements met by our licensee.

Print name of representative

Signature of representative

Telephone Number of representative